

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION:			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ER	1018	10-31-01
RESPONSE FORMALITY REVIEW	AG	640	6-18-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7/28/01
2	10/19/01
3	4/12/01
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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